

Employee Middle Name	Employee Last Name	Employee Address	DOB	Gender	Marital Status	Employee ID	Employee Email	Job Title	State of Origin	Local Government Area	Town	Contact Phone	Alter Phone	Means of Identity	of Identity Number	of Identity Issue State	Next of Kin	Next of Kin Number	NO of Dependents	Monthly Remuneration
	Ade Salami	13 Hobbin Street, Kadoke State	13 MAY 1988	Male	Single			Director	Kogi	Lekki	Lekki	08031570282								30,000
	Patience	105 Adams London Close Suleja	12/11/1991	Female	Married			Admin.	Plateau	Jos	Jos									30,000
	Mary Jane		12/12/1980					Admin	Delta	Adokpo	Adokpo									30,000
																				30,000

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED

Name:
Sign:
Date: 13/07/2023

From May 2023 - December 2023

19% = 900 x 8

4720

13/07/2023

from May 2023 - December 2025

$$1\% = 0.01$$

2027/8

Wang

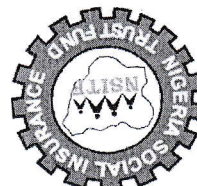
13/02/2023

19055

NSITF KAGINI BRANCH
ACCOUNT UNIT
CHECKED

Name:
Sign:
Date: 13.07.2023

FEDERAL REPUBLIC OF NIGERIA
NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)
 (Employees' Compensation Act, 2010)
Registration of Employer



(Any wrong information/declaration is an offence and is punishable under Sections 39 and 65 of the ECA 2010)

PART 1: TYPE OF BUSINESS

(Mark 'X' as Appropriate)
 Public/Private Limited Company ☒ Informal Sector Employer ☐ Partnership ☐ Sole Proprietorship ☐ Others (please specify) []

PART 2: ORGANIZATION/EMPLOYER INFORMATION:

2.1 Employer Name: **MASAMANA LTD**
 2.2 Incorporation Number: **BC6950484**
 2.3 Address: **105**
SULEJA
STATE: NIGER
Local Govt.: SULEJA
 2.4 Postal Address: []
 2.5 Tel. No. 1: **08085000932**
 2.6 Tel. No. 2: []
 2.7 Email: **general@masamanaltd.com**
 2.8 Does Employer have other branches and subsidiaries? Yes [] No [] If "Yes", fill attached form (ECS RE01b)
 2.9 Year of Establishment/Incorporation: **2 MAY 2023**

PART 3: PARTICULARS OF CONTACT PERSON

3.1 Surname: **UCHEMMA**
 First Name: **CLEMS**
 Tel. Number: **08035000932**
 Mode of Identification: National ID. ☒ International Passport [] Specify ID. Number: []
 Middle Name: []
 Position: []
 Drivers License []
 2.9 Year of Establishment/Incorporation: []

PART 4: BUSINESS SECTOR CATEGORIES:

☐ MDA's ☐ Oil & Gas ☐ Agriculture ☐ Energy ☐ Banking & Finance ☐ Mining ☐ Construction ☐ Manufacturing ☐ Aviation ☐ Others (please specify): **General contracts**

PART 5: DECLARATION BY EMPLOYER OR AUTHORIZED PERSON:

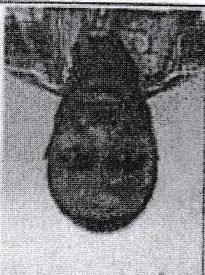
I certify that the above particulars are correct
 Signature or Thumbprint:

First name: **Clemm**
 Surname: **Uchemma**
 Official Stamp (if any): []
 Position: **Auditor**
 Date: **10/7/2023**



National Identity Management System
Federal Republic of Nigeria
National Identification Number Slip (NINS)



Tracking ID	STYGNVFFH20002D5	Surname	UCHENNA	Address:	 NO 107 B CLOSE 692 GWARINPA FCT Abuja
NIN	21972997503	First Name	CLEMS		
Issue Date	20/09/2013	Middle Name	OZEGBE		
Gender		M			

Note: The transaction slip does not confer the right to the General Multipurpose Card (For any enquiry please contact)

helpdesk@nimc.gov.ng	www.nimc.gov.ng	07040144452, 07040144453, 07040144454	National Identity Management Commission 11, Bankele Crescent Off Guduwa Street, Zone 5 Wuse, Abuja Nigeria
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